

**Office of Economic Opportunity
FY 2006 Emergency Shelter Grants (ESG) Program
ANNUAL PERFORMANCE REPORT
(Please Type)**

REPORTING PERIOD: JULY 1, 2006 – June 30, 2007

EXHIBIT 1: GRANTEE INFORMATION

Organization Name:_____

Address:_____

Telephone:()_____FAX:()_____E-MAIL:_____

Organization Executive Director:_____

Organization Chairperson:_____

Facility Type (check the one most appropriate category):

_____24 Hour Shelter	_____Domestic Violence	_____Youth
_____DAY SHELTER	_____Transitional	_____Night Shelter
_____Inter-Faith Hospitality Network	_____Other (specify)_____	

Enter Shelter/Facility Name Below (if different from organization name):

Shelter Address (if different):_____

Telephone:()_____FAX:()_____E-MAIL:_____

Shelter/Facility Director:_____

Name and title of person who can answer questions regarding this report:

_____Telephone()_____

**I HEREBY CERTIFY THAT ALL THE INFORMATION STATED HEREIN IS TRUE AND ACCURATE
TO THE BEST OF MY KNOWLEDGE:**

Signature of organization's chairperson or executive director

Title

Date

EXHIBIT 2: PERSONS SERVED DURING THE REPORTING PERIOD
Do not count an individual more than once

A. Average daily occupancy of Shelter/Facility: A_____

B. Number of single individuals NOT in families served:

Adults (18+)_____ Children(0-17)_____ **Total B**_____

C. Number of Families Served: C_____

Adults (18+)_____ Children(0-17)_____ **Total C**_____

D. Total number of unduplicated persons served during the reporting period: (2B + 2C) **D**_____

E. Of those single individuals and family members (including children) served, please identify the primary reason for their homelessness and/or need for services as identified by the person served or by your shelter staff. The primary cause of a child's homelessness should be the same as the child's parent(s). In cases where more than one response may apply, choose the one that **MOST closely characterized** the situation. **NOTE: The total of categories below should equal the total reported under 'D.'**

<u>Category</u>	<u>No. of Persons</u>	<u>Category</u>	<u>No. of Persons</u>
Chronically Homeless	_____	Mentally Ill	_____
Substance Abuse	_____	Disability	_____
Veterans	_____	Persons w/HIV/AIDS	_____
Elderly	_____	Eviction	_____
Underemployment	_____	Unemployment	_____
Child Abuse/Neglect	_____	Transient	_____
Release from Prison	_____	Runaway	_____
Victims of Domestic Violence	_____	Natural Disaster (fire, flood, hurricane)	_____
Dual Diagnosis	_____	Alcoholism	_____
Total _____			
(must equal total reported under item 2D)			

EXHIBIT 3: AGE AND GENDER OF PERSONS SERVED

Answer Part (i) for single individuals **NOT** in families (see 2B) and Part (ii) for family members (see 2C). Totals for Part (3i) should equal total reported under 2C. Totals for Part (3ii) should equal total reported under 2D.

	<u>AGE and GENDER</u>		<u>MALE</u>	<u>FEMALE</u>
(i)	<u>Single Individuals NOT in Families</u>			
	a. 17 & Under		_____	_____
	b. 18 - 30		_____	_____
	c. 31 - 55		_____	_____
	d. 55 & over		_____	_____
	TOTAL SINGLE INDIVIDUALS _____	TOTAL	_____	TOTAL _____
(ii)	<u>Adults in Families</u>			
	e. 18 - 30		_____	_____
	f. 31 - 55		_____	_____
	g. 55 - over		_____	_____
	TOTAL ADULTS IN FAMILIES _____	TOTAL	_____	TOTAL _____
(iii)	<u>Children in Families</u>			
	h. Under 1		_____	_____
	i. 1 - 5		_____	_____
	j. 6 - 12		_____	_____
	k. 13 - 17		_____	_____
	TOTAL CHILDREN IN FAMILIES _____	TOTAL	_____	TOTAL _____

EXHIBIT 4: VETERAN STATUS OF PERSONS SERVED

Of the total number of unduplicated persons served during the reporting period (see 2E), how many were veterans? **Please note a veteran is anyone who has ever been on active military duty status.**

	<u>Age</u>	<u>Male</u>	<u>Female</u>
Total Veterans Served	18 – 30	_____	_____
	31 – 55	_____	_____
	55 +	_____	_____
	Total	_____	_____

EXHIBIT 5: RACIAL/ETHNIC CHARACTERISTICS OF PERSONS SERVED

_____ White	_____ White Hispanic
_____ Black/African American	_____ Black/African American Hispanic
_____ Asian	_____ American Indian/Alaskan Native
_____ Native Hawaiian/Pacific Islander	_____ American Indian/Alaskan Native & White
_____ Other Multi-Racial	_____ Unknown

_____ **TOTAL**
Total number served must equal total reported under Item D, Exhibit 2.

EXHIBIT 6: PROGRAM ACCOMPLISHMENTS

Briefly describe the eligible activities undertaken with ESG funds during the reporting period.

A. OPERATIONS

General Operations Costs (check the categories for which ESG funds were used.)

_____Salaries/Fringe Benefits (Administrative Costs)

_____Communications

_____Travel

_____Space Cost

_____Supplies/Materials

_____Equipment

_____Contractual

_____Other (specify)_____

	Total Amount Award	Total Amount Obligated (as of 6-30-07)	Difference
Administrative Costs Under Operations	\$_____	\$_____	\$_____
Other Operation Costs	\$_____	\$_____	\$_____
TOTAL OPERATIONS	\$_____	\$_____	\$_____

B. SERVICES If ESG funding for Services was received, indicate the **amount of increase** in the number of persons served in each applicable category as a result of the utilization of ESG funds.

Employment Services Increased by_____Persons

Health Services Increased by_____Persons

Substance Abuse Services Increased by_____Persons

Education Services Increased by_____Persons

Housing Referral Services Increased by_____Persons

Nutritional Counseling Increased by_____Persons

\$_____	\$_____	\$_____
Amount Awarded for Services	Amount obligated as of 6-30-07	Difference

C. HOMELESS PREVENTION If ESG funding was received for Homeless Prevention, indicate the number of single individuals **NOT** in families and the total number of families assisted with ESG funds in the following categories.

	<u>SINGLE INDIVIDUALS</u>	<u>FAMILIES</u>
1. Number provided short-term subsidies to defray rent and utility arrearages (for those who have received eviction notices and/or utility shut-off notices)	_____	_____
2. Number provided security deposits or first month rent to enable them to move into a permanent residence	_____	_____
3. Number provided mediation services for landlord/tenant disputes	_____	_____
4. Number provided legal services in eviction proceedings	_____	_____
\$ _____ Amount Awarded for Services	\$ _____ Amount obligated as of 6-30-07	\$ _____ Difference

EXHIBIT 7: TECHNICAL ASSISTANCE AND RECOMMENDATIONS

This section is intended to provide the Office of Economic Opportunity (OEO) with information regarding technical assistance needs you may have and recommendations on how OEO performance may be improved. You may attach an additional page if necessary.

A. Based on your experience during the reporting period, are there any areas in which you may need technical assistance?

B. In what ways can OEO improve services to you or assist your program next reporting period?

C. Do you plan to make any changes in your use of ESG funds if funded during the next reporting period?